

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/009663 08 FEB 2002

APPLICANT(S)

Amlop

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/				
2							52		/				
3							53		/				
4							54		/				
5							55		/				
6							56		/				
7							57		/				
8							58		/				
9							59		/				
10							60		/				
11							61		/				
12							62	/					
13							63		/				
14							64		/				
15							65		/				
16							66		/				
17							67		/				
18							68		/				
19							69		/				
20							70		/				
21							71		/				
22							72		/				
23							73		/				
24							74		/				
25							75		/				
26							76		/				
27							77	/					
28							78		/				
29							79		/				
30							80		/				
31							81		/				
32							82		/				
33							83	/					
34							84		/				
35							85		/				
36							86		/				
37							87		/				
38							88		/				
39							89		/				
40							90	/					
41							91		/				
42							92		/				
43							93						
44							94						
45							95						
46							96						
47			/				97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.			1				TOTAL IND.	4					
TOTAL DEP.				3			TOTAL DEP.		38				
TOTAL CLAIMS			4				TOTAL CLAIMS	42					